

## Breastfeeding/Chestfeeding

Review Date: September 2026

*Te Whatu Ora Waitaha Canterbury commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the Breastfeeding/Chestfeeding policy, at each review. We thank the Māori Advisor from New Zealand Breastfeeding Alliance (NZBA) for their support in this kaupapa.*

### Purpose

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All Te Whatu Ora Waitaha Canterbury facilities will protect, promote, and support breastfeeding/chestfeeding for all whānau within their services, based on the principles of Te Tiriti o Waitangi.

### Terms used throughout this document and supporting infant feeding guidelines

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All parents and their whānau have the right to receive clear, culturally appropriate, unbiased information to enable them to make a fully informed decision as to how they feed and care for their pēpi.

Our aim is to be fully inclusive of all members of the Waitaha community which includes being respectful of various ethnicities, genders, sexualities, abilities, and beliefs. With recognition that not all people who become pregnant or feed pēpi from their bodies identify with the female gender we have chosen to use additive language throughout the breastfeeding/chestfeeding policy and its associated documents. We acknowledge that language is constantly evolving and that not all people will identify with the terms used. We therefore commit to working towards asking all people within our service the terms they use for themselves, their body, and parenting choices. Additionally, we commit to continued community engagement during each review of this policy and its associated guidelines to ensure that language used remains as relevant and current as possible.

### Te Tiriti o Waitangi

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Te Whatu Ora Waitaha Canterbury respects Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand.

### Principles of Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we aspire to meet our obligations under Te Tiriti in our day-to-day work. The 2019 Hauora report recommends the following principles for the primary health care system. These principles are applicable to wider health and disability system. The principles that apply to our work are:

**Tino rangatiratanga** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

**Equity** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

*Equity is defined as 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'*

- Active protection** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- Options** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- Partnership** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

### **Whakamaua: Maori Health Action Plan 2020-2025**

<https://www.health.govt.nz/system/files/documents/publications/whakamaua-maori-health-action-plan-2020-2025-2.pdf>

### **Pae Ora**

<https://www.legislation.govt.nz/act/public/2022/0030/latest/whole.html>

## **We promote and encourage use of kupu Māori/Māori words and Te Reo within our services**

Pēpi	Baby/Babies
Māmā	Mother/Mothers
Whānau	“an inclusive term that is used to recognise the diversity of individuals within their social context. Whānau is a word indigenous to Aotearoa New Zealand. Who decides what a whānau is, is determined by whānau and this is critically important to maintain the integrity of the full meaning. Whānau are the determiners of what health and wellbeing means for them. Individual rights and interests are not subsumed by the recognition of the collective”, Midwifery Council (2022).

**Ko Hine-ahu-one te whenua o Papa-tūā-nuku** has been gifted to help us celebrate indigenous breastfeeding knowledge as it is passed from tūpuna through the generations into the future via mokopuna. It is the responsibility of all to uphold and respect this generous gift.

### **Ko Hine-ahu-one te whenua o Papa-tūā-nuku**

Ko Hineahuone te whenua o Papatūānuku  
Ka hoki ai tatau ki te tapuranga o te wahine  
Ko te wahine te puna o te roimata o te aroha  
Te whare tapu o te tangata  
Te tihi o te Mātauranga  
Te Whakaruruhau me te whakākoranga mo nga uri whakatipu  
nā Hohua Tutengaehe

This interpretation has been provided by **Matua Henare Edwards**.

Hine-ahu-one is the placenta of Papa-tūā-nuku – Mother Earth  
So we return to the sacredness of women.  
Women are the font of tears and love  
The sacred house of people and nations  
The pinnacle and the encyclopaedia of knowledge  
The shelter and educator of every generation.

When male and female fall in love, human form is conceived.  
Just before the birth, Waimaria (the sacred waters) break from within the womb.  
This is followed closely by the birth of new life.  
The whenua (placenta) is then returned to Hine-ahu-one.  
Therefore it is in death one becomes reunited with one's Ūkaipō<sup>1</sup>, hence the **Circle of Life**.

## Scope

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This policy is applicable to all Te Whatu Ora Waitaha Canterbury employees, including contractors, access agreement holders, visiting health professionals and students working in any Te Whatu Ora Waitaha Canterbury facility.

1. In order to avoid conflicting advice it is mandatory that all those involved with the care of pregnant/hapū and breastfeeding/chestfeeding māmā/people adhere to this policy and the associated guidelines for each of The Ten Steps to Successful Breastfeeding. Any deviation from the policy and guidelines must be justified, evidenced-based and recorded in clinical records.
2. It is the individual health workers responsibility to liaise with the appropriate health professionals should concerns arise about the feeding or health of pēpi. (Midwife Manager (MM), Clinical Midwife Manager (CMM), Neonatal Manager, Charge Nurse Manager (CNM), Lactation Consultant (LC), Clinical Nurse Specialist (CNS) Infant Feeding (Neonatal), CNS Lactation (Neonatal), Lead Maternity Carer (LMC), or Neonatologist/Paediatrician)

## Te Whatu Ora Waitaha Canterbury Maternity and Neonatal Services

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Fully implementing the standards set by the New Zealand Breastfeeding Alliance (NZBA) for The Ten Steps to Successful Breastfeeding, supports whānau to realise their breastfeeding/chestfeeding goals. These standards meet the criteria for maintaining BFHI Accreditation, a contractual requirement of the Ministry of Health, as per Outcome 4 of the Rautaki Whakamama Whāngote/National Breastfeeding Strategy.

## Te Whatu Ora Waitaha Canterbury Non-Maternity and Neonatal Services

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Adhere to the Breastfeeding/Chestfeeding policy and have an understanding of the Ten Steps to Successful Breastfeeding.

## Policy

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**Note:** This breastfeeding/chestfeeding policy must be read in conjunction with all Te Whatu Ora Waitaha Canterbury infant feeding guidelines the abridged version of this policy and other infant feeding related Te Whatu Ora Waitaha Canterbury policies and guidelines.

This policy will be used to help inform any review of associated guidelines.

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<sup>[1]</sup> Ūkaipō: Literally meaning to be fed from the breast at night. A more symbolic meaning encompasses the spiritual and emotional relationship between mother and child, extending also to the nourishing connection to our homelands that feeds our spirit.

## Ten Steps to Successful Breastfeeding

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### Critical management procedures

The Te Whatu Ora Waitaha Canterbury Maternity facilities including Neonatal Services, breastfeeding/chestfeeding policy adheres to the Ten Steps to Successful Breastfeeding as follows:

- 1 [Breastfeeding code, policy, and ongoing monitoring](#)
  - 1a Comply fully with the *International Code of Marketing of Breastmilk Substitutes* and relevant World Health Assembly resolutions
  - 1b Have a written breastfeeding policy that is routinely communicated to staff and parents
  - 1c Establish ongoing monitoring and data-management systems
- 2 [Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding](#)

### Key clinical practices

- 3 [Discuss the importance and management of breastfeeding with pregnant women and their families](#)
- 4 [Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity thereafter](#)
- 5 [Support mothers to initiate and maintain breastfeeding and manage common difficulties, even when baby is unable to be with mother](#)
- 6 [Avoid giving breastfed newborns any food or fluids other than breastmilk, unless clinically indicated](#)
- 7 [Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day](#)
- 8 [Support mothers to recognise and respond to their infant's cues for feeding](#)
- 9 [Discuss with mothers the use and risks of feeding bottles, teats and pacifiers](#)
- 10 [Coordinate discharge so that parents/whānau/family and their infants have timely access to on-going support and care](#)

There is substantial evidence that implementing the Ten Steps to Successful Breastfeeding significantly improves breastfeeding rates.

All areas of Te Whatu Ora Waitaha Canterbury are welcomed and encouraged to approach Christchurch Women's Hospital (CWH) staff for advice and support in implementing this policy and associated infant feeding guidelines.

This policy and each guideline associated with the Ten Steps to Successful Breastfeeding above will be reviewed 3 yearly or earlier if new evidence requires change. A systematic review process is laid out in guideline 1c above. Te Tiriti o Waitangi, the Maternity system values and other principles outlined in this policy will be used to guide the review and development of each of these guidelines.

The Policy: [Infant Formula](#) (Ref.2400254) provides information for the care and support of the non-breastfeeding/chestfeeding dyad.

## Principles

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Care and respect for others/Manaaki me te whakautē i te tangata, is a core value of Te Whatu Ora Waitaha Canterbury.

Te Whatu Ora Waitaha Canterbury recognises the significance of the first 2000 days in the normal optimal development of all children.

Breastfeeding/Chestfeeding is the biological norm and is nutritionally optimal for pēpi. It has significant physical, immunological, psychosocial, economic and environmental benefits for the māmā/parent, pēpi, whānau, community and environment that last long after the child has weaned.

The WHO recommends that pēpi initiate breastfeeding/chestfeeding within one hour of life and are exclusively breastfed/chestfed for six months, with timely introduction of adequate and safe complementary foods, while continuing to breastfeed/chestfeed for up to two years of age or beyond.

It is the right of every child to be breastfed/chestfed and the right of every māmā/parent to continue the breastfeeding/chestfeeding relationship regardless of the child's age. This right will be respected and supported when either māmā/parent or pēpi is receiving care in any Te Whatu Ora Waitaha Canterbury facility. The Ngā Māia o Aotearoa Tūranga Kaupapa principle of Mokopuna supports this right.

“The Mokopuna is unique, cared for and inherits the future, a healthy environment, breastfeeding and whānau”.

Te Whatu Ora Waitaha Canterbury staff will provide all māmā/parents and whānau with a high level of care irrespective of their infant feeding decisions. A holistic approach to healthcare for all people provides opportunity to ensure that healthcare needs are met and that Māori, and all people, have the resources to meet their needs.

### **Breastfeeding/Chestfeeding by Te Whatu Ora Waitaha Canterbury staff and visitors**

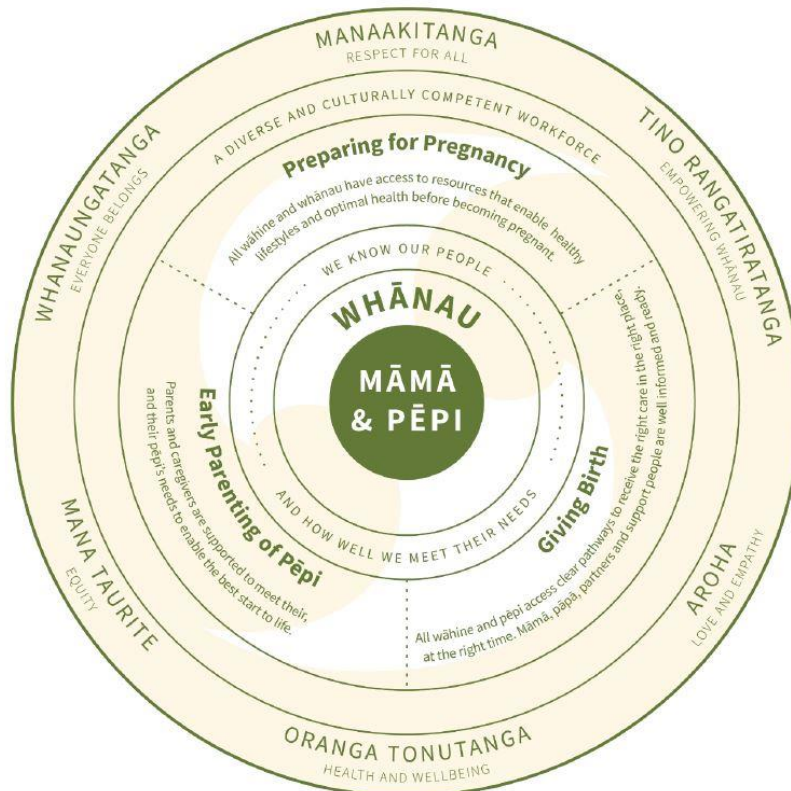
Te Whatu Ora Waitaha Canterbury acknowledges the importance of supporting staff members and their whānau who wish to maintain breastfeeding/chestfeeding following return to work from parental leave. (Refer to [Breastfeeding-Friendly Workplace Christchurch Women's Hospital Policy](#) (Ref.2403676).

[HRC – Your Rights as a Breastfeeding Mother](#)  
[CanBreastFeed – Breastfeeding and Work](#)

All māmā/parents, without exception, will be enabled and supported to breastfeed/chestfeed their pēpi in all public areas of Te Whatu Ora Waitaha Canterbury Health facilities. Suitable pēpi-feeding and care areas will be available for māmā/parents to breastfeed/chestfeed pēpi, where they choose not to breastfeed/chestfeed in public areas.

**We aspire to incorporate the Canterbury Maternity system values into our daily practice**

<b>Mana taurite</b>	<p><i>Equity</i> Every person has the opportunity to access culturally appropriate services. Those who work across the maternity system reflect the community in which we live, and understand, value and support cultural practices that may be different to their own.</p>
<b>Whanaungatanga</b>	<p><i>Everyone belongs</i> The whole whānau is included and important, with each person feeling comfortable and as though they belong. Interaction with the maternity system is a mana enhancing experience.</p>
<b>Manaakitanga</b>	<p><i>Respect for all</i> The maternity system is hospitable through being welcoming, and respectful. We provide the utmost care for each other.</p>
<b>Tino rangatiratanga</b>	<p><i>Empowering whānau</i> Whānau are empowered and supported to make their own informed decisions.</p>
<b>Oranga tonutanga</b>	<p><i>Health and wellbeing</i> Whānau have optimal physical, mental, dental and sexual health before, during and after the birth of pēpi. People have the opportunity to enjoy clean smoke free air and clean water wherever they live, work and play (wai ora).</p>
<b>Aroha</b>	<p><i>Love and empathy</i> Without bias every person is treated with love, compassion and empathy.</p>



## References

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### Breastfeeding/Chestfeeding Policy

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- Nga Maia (2006). Turanga Kaupapa. In Midwifery Council of New Zealand. Standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations. (2007., pp32-33). Midwifery Council of New Zealand, Wellington.
- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz)
- [www.bfmed.org/protocols](http://www.bfmed.org/protocols) - Protocol #33 LGBTQ+ consumers (2020)
- [www.canbreastfeed.co.nz/workplace/](http://www.canbreastfeed.co.nz/workplace/)
- [www.cph.co.nz/wp-content/uploads/First1000DaysReport.pdf](http://www.cph.co.nz/wp-content/uploads/First1000DaysReport.pdf)
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- [www.moh.govt.nz/breastfeeding](http://www.moh.govt.nz/breastfeeding)
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- [www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html](http://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html)
- [www.who.int/topics/breastfeeding/en/](http://www.who.int/topics/breastfeeding/en/)
- <https://www.midwife.org.nz/wp-content/uploads/2019/05/Breastfeeding.pdf>

### Code of Marketing of Breastmilk Substitutes (GLB01)

- International Code of Marketing of Breastmilk Substitutes (1981) World Health Organisation, Geneva
- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards
- [www.ibfan.org/ibfan-penang/InternationalBabyFoodActionNetworkandInternationalCodeDocumentationCentre](http://www.ibfan.org/ibfan-penang/InternationalBabyFoodActionNetworkandInternationalCodeDocumentationCentre)
- [www.infactcanada.ca/wha-resolutions.html](http://www.infactcanada.ca/wha-resolutions.html)

### Infant Feeding Policy Routinely Communicated (GLB01)

- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards

### Ongoing Monitoring (GLB01)

- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- <https://www.unicef.org.uk/babyfriendly> Guide to the Baby Friendly Initiative Standards
- Breastfeeding Definitions for Monitoring the National Health Outcome Targets in New Zealand. MOH. New Zealand. Feb 1999

### Education and Training (GLB02) and Antenatal Information (GLB03)

- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- <https://www.unicef.org.uk/babyfriendly> Guide to the Baby Friendly Initiative Standards

### Skin-to-Skin (GLB04)

- Geneva Bigelow et. al Breastfeeding, skin-to-skin contact, and mother-infant interactions over infants' first three months. *Infant mental health journal*. 2014 Jan-Feb;35(1):51-62
- International Code of Marketing of Breastmilk Substitutes (1981) World Health Organisation,
- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
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- [www.ncbi.nlm.nih.gov/pmc/articles/PMC6949952](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6949952) Skin-to-skin contact the first hour after birth, underlying implications and clinical practice  
[Ann-Marie Widström](#), <sup>1</sup> [Kajsa Brimdyr](#), <sup>2</sup> [Kristin Svensson](#), <sup>1,3</sup> [Karin Cadwell](#), <sup>2</sup> and [Eva Nissen](#) <sup>1</sup>
- [www.researchgate.net/figure/Widstroems-9-instinctive-stages-of-neonatal-behavior-during-skin-to-skin-contact\\_fig1\\_282872915](http://www.researchgate.net/figure/Widstroems-9-instinctive-stages-of-neonatal-behavior-during-skin-to-skin-contact_fig1_282872915)
- [Ministry of Health. \(2012\) Observation of mother and baby in the immediate postnatal period: Consensus statements guiding practice](#)

### Breastfeeding/Chestfeeding Support (GLB05)

- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards
- [www.health.govt.nz](http://www.health.govt.nz) search: breastfeeding

### Breastmilk Only for Newborns (GLB06)

- Acceptable medical reasons for use of breast-milk substitutes – WHO/NMH/NHD/09.01 WHO/UNICEF (2009) – Geneva
- Clinical Pharmacology Drug Information Service – CPH Tel: 80900 or DDI 3640900 (Fax-80902)
- [Hypoglycaemia of the Newborn](#) (GLM0056)
- [Management of HIV-Infected Women During Pregnancy and Childbirth](#) (GLM0033)
- [Neonatal Clinical Resource – Maternity](#) (Ref.2403289)
- [PDM Prescribing Dispensing Process](#) (Ref.2405141)
- [Recipient of Pasteurised Human Donor Milk: Consent](#) (Ref.2403664)
- [Use of Unpasteurised Donor Breastmilk](#) (Ref.2400411 (6668))
- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards
- [www.bfmed.org](http://www.bfmed.org)/Academy of Breastfeeding Medicine:
  - Protocol #3 Supplementation (2017)
  - Protocol # 13 Contraception and Breastfeeding (2015)
  - Protocol # 15 Analgesia and Anaesthesia for the Breastfeeding mother (2017)
  - Protocol # 18 Antidepressants (2015)
  - Protocol # 31 Radiology (2019)
- [www.halesmeds.com](http://www.halesmeds.com) - Medications and Mother's Milk
- [www.infantrisk.com](http://www.infantrisk.com) - Infant risk Centre
- [www.liebertpub.com/doi/full/10.1089/bfm.2017.29038.ajk](http://www.liebertpub.com/doi/full/10.1089/bfm.2017.29038.ajk)
- [www.ncbi.nlm.nih.gov/books/NBK501922](http://www.ncbi.nlm.nih.gov/books/NBK501922) – LactMed
- [www.nzf.org.nz](http://www.nzf.org.nz) – New Zealand Formulary

### Rooming In (GLB07)

- <http://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/maternity-care-guidelines/Documents/2404926-SUDI-Prevention-Safe-Infant->



[SleepPolicy.pdfwww.hapai.co.nz/content/national-sudi-prevention-coordination-servicewww.whakawhetu.co.nz](#)

- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards
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- <https://www.midwife.org.nz/wp-content/uploads/2019/05/Safe-Sleeping-for-Baby.pdf>

### Responsive Feeding (GLB08)

- International Code of Marketing of Breastmilk Substitutes (1981) World Health Organisation, Geneva
- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards

### Bottles, Teats and Pacifiers (GLB09)

- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards
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- <https://nidcap.org/wp-content/uploads/2014/04/Ross-2008-Feeding-in-the-NICU.pdf>

### Post-Discharge Support and Care (GLB10)

- [www.babyfriendly.org.nz](http://www.babyfriendly.org.nz) BFHI Document Part 2.
- [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) Guide to the Baby Friendly Initiative Standards

### Term/Abbreviation description

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- **WHO** World Health Organisation
- **UNICEF** United Nations International Children's Emergency Fund
- **LMC** Lead Maternity Carer
- **NZBA** New Zealand Breastfeeding Alliance

### Associated documents

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Other documents relevant to this policy are listed below:

- Baby Feeding Cues (signs) poster (State of Queensland (Queensland Health) 2012)
- [Breastfeeding Friendly Workplace Policy](#) (Ref.2403676)
- Canterbury Maternity System, Strategic Framework (2019-2024) Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand 2020.
- [Infant Formula Policy](#) (Ref.2400254)
- Women's Health Guideline: [Nipple Shield Use](#) (Ref.2405154 (7376))
- Covering the Basics Breastfeeding Information
  - [Covering the Basics Breastfeeding Baby.docx](#) (Ref.2409569)
  - [Covering the Basics Breastfeeding Challenges.docx](#) (Ref.2409570)
  - [Covering the Basics Feeding NICU Baby.docx](#) (Ref.2409571)
  - [Covering the Basics Feeding Infant Formula.docx](#) (Ref.2409572)
- Guideline – Protecting, Promoting and Supporting Breastfeeding in facilities providing maternity and newborn services – WHO 2017
- [How Do I know My Breastfed Baby is Getting Enough to Eat?](#) (Ref.2406229)
- [How to Express by Hand](#) visual and written (adapted from Health Scotland 2016) (Ref.2405765 (239786))
- Implementation Guidance – Protecting, Promoting and Supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby Friendly Hospital Initiative
- [Infant Formula Policy](#) (Ref.2400254)
- Mama Aroha Application
- Ministry of Health Bassinette Card - Everyone Please ... protect me by making every sleep a safe sleep
- Ministry of Health: Observation of mother and baby in the immediate postnatal period: consensus statements guiding practice
- Ministry of Health pamphlet: Keep Your baby Safe During Sleep
- NZBA WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand
- NZBA Being Baby Friendly pamphlet
- NZBA Skin to Skin Contact pamphlet
- NZBA Breastfeeding information wheel
- NZBA WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand
- NZBA Pamphlet Rooming-In
- South Island SUDI Prevention
- South Island SUDI Prevention Safe Sleep Policy (Draft currently in consultation – may need to provide a link to this)
- The International Code of Marketing of Breastmilk Substitutes – WHO (1981)
- Whakamaua: Maori Health Action Plan 2020-2025
- WHO/UNICEF Baby Friendly Hospital Initiative – Documents for Aotearoa New Zealand

### Guidelines

- Guideline Step 1 [Breastfeeding Code, Policy, Ongoing Monitoring](#)
- Guideline Step 2 [Education and Training](#)
- Guideline Step 3 [Antenatal Information](#)
- Guideline Step 4 [Skin-to-Skin](#)
- Guideline Step 5 [Breastfeeding Support](#)
- Guideline Step 6 [Exclusive Unless Medically Indicated](#)
- Guideline Step 7 [Rooming In](#)
- Guideline Step 8 [Responsive Feeding](#)
- Guideline Step 9 [Bottles, Teats and Pacifiers](#)
- Guideline Step 10 [Post-Discharge Breastfeeding Support and Care](#)